



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Wetlands

ACTON  
City/Town

**WPA Form 1- Request for Determination of Applicability**

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

**A. General Information**

**Important:**  
When filling out  
forms on the  
computer, use  
only the tab key  
to move your  
cursor - do not  
use the return  
key.



1. Applicant:

Wayside Development Trust

Name

E-Mail Address

60 Great Rd.

Mailing Address

Acton

Ma  
State

01720  
Zip Code

City/Town

Phone Number

Fax Number (if applicable)

2. Representative (if any):

ABC Cesspool Co., Inc

Firm

Dick Dolan

Dicksludge@aol.com  
E-Mail Address

Contact Name

292 High St

Mailing Address

Acton

Ma.  
State

01720  
Zip Code

City/Town

978 263 5802

Phone Number

Fax Number (if applicable)

**B. Determinations**

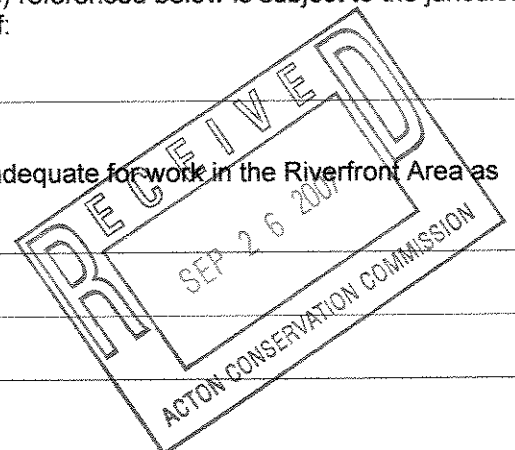
1. I request the Acton Conservation Commission make the following determination(s). Check any that apply:

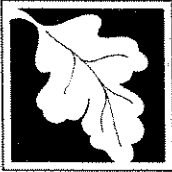
- ☐ a. whether the **area** depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.
- ☐ b. whether the **boundaries** of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.
- ☒ c. whether the **work** depicted on plan(s) referenced below is subject to the Wetlands Protection Act.
- ☐ d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction of any **municipal wetlands ordinance** or **bylaw** of:

Acton

Name of Municipality

- ☐ e. whether the following **scope of alternatives** is adequate for work in the Riverfront Area as depicted on referenced plan(s).





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**C. Project Description**

1. a. Project Location (use maps and plans to identify the location of the area subject to this request):

60 Great Rd

Street Address

G5

Assessors Map/Plat Number

Acton

City/Town

57

Parcel/Lot Number

- b. Area Description (use additional paper, if necessary):

Commercial district Rte 2A

- c. Plan and/or Map Reference(s):

Proposed Septic System 60 Great RD

Title

9/23/07

Date

Title

Date

Title

Date

2. a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):

Replace portions of the septic system at 60 Great Rd. Work will take place under existing pavement.

(SEE ATTACHED PLAN)



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**C. Project Description (cont.)**

b. Identify provisions of the Wetlands Protection Act or regulations which may exempt the applicant from having to file a Notice of Intent for all or part of the described work (use additional paper, if necessary).

Septic system replacement

3. a. If this application is a Request for Determination of Scope of Alternatives for work in the Riverfront Area, indicate the one classification below that best describes the project.

- ☐ Single family house on a lot recorded on or before 8/1/96
- ☐ Single family house on a lot recorded after 8/1/96
- ☐ Expansion of an existing structure on a lot recorded after 8/1/96
- ☐ Project, other than a single family house or public project, where the applicant owned the lot before 8/7/96
- ☐ New agriculture or aquaculture project
- ☐ Public project where funds were appropriated prior to 8/7/96
- ☐ Project on a lot shown on an approved, definitive subdivision plan where there is a recorded deed restriction limiting total alteration of the Riverfront Area for the entire subdivision
- ☐ Residential subdivision; institutional, industrial, or commercial project
- ☐ Municipal project
- ☐ District, county, state, or federal government project
- ☐ Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection.

b. Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification above (use additional paper and/or attach appropriate documents, if necessary.)



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**D. Signatures and Submittal Requirements**

I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

I further certify that the property owner, if different from the applicant, and the appropriate DEP Regional Office (see Attachment) were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the Conservation Commission.

Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

Name and address of the property owner:

Wayside Development Trust

Name

60 Great Rd.

Mailing Address

Acton

City/Town

Ma

State

01720

Zip Code

Signatures:

I also understand that notification of this Request will be placed in a local newspaper at my expense in accordance with Section 10.05(3)(b)(1) of the Wetlands Protection Act regulations.

  
Signature of Applicant

Date

  
Signature of Representative (if any)

Date

9/26/07